



DO NOT WRITE IN THIS BOX

APPLICATION  
NUMBER

DATE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF TRANSPORTATION  
**PHYSICAL ALTERATION PERMIT APPLICATION**

APPLICANT: \_\_\_\_\_  
(PERMITTEE) PRINT NAME SIGNATURE AND DATE

APPLICANT'S ADDRESS

PHONE NUMBER

PROPERTY OWNER: \_\_\_\_\_  
PRINT NAME SIGNATURE AND DATE

PROPERTY OWNER'S ADDRESS

PHONE NUMBER

DEVELOPER \_\_\_\_\_  
PRINT NAME (IF BUSINESS, PRINT NAME OF OWNER OR PRINCIPAL) SIGNATURE AND DATE

DEVELOPER'S ADDRESS

PHONE NUMBER

ENGINEER \_\_\_\_\_  
PRINT NAME SIGNATURE AND DATE

ENGINEER'S ADDRESS

PHONE NUMBER

TYPE OF APPLICATION: SINGLE FAMILY \_\_\_\_\_ ALL OTHERS \_\_\_\_\_

LOCATION OF WORK \_\_\_\_\_  
(BE SPECIFIC - HIGHWAY, MUNICIPALITY, STATION, POLE NUMBERS, ETC.)

PURPOSE OF PERMIT \_\_\_\_\_  
ATTACH SEPARATE SHEET IF NECESSARY

I HEREBY CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION UNDER THE AUTHORITY OF THE RHODE ISLAND GENERAL LAWS OF 1966.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF TRANSPORTATION  
**PHYSICAL ALTERATION PERMIT**

*This permit valid for one year from the date of approval, subject to the conditions listed below and attached:*

CONDITIONS OF APPROVAL:

DIVISION OF MAINTENANCE

APPROVED ☐

DENIED ☐

ASSISTANT DIRECTOR OF TRANSP. MAINT.

DIVISION OF PUBLIC WORKS

APPROVED ☐

DENIED ☐

ASSISTANT DIRECTOR OF TRANSPORTATION/PUBLIC WORKS  
DATE:

(REQUIRED FOR OTHER THAN SINGLE FAMILY DWELLING)

ORIGINAL - WHITE ASSISTANT DIRECTOR - GREEN MAINTENANCE DIVISION - YELLOW MAINTENANCE ENGINEER - PINK OPERATING UNIT - GOLDENROD



**Physical Alteration Permit Application  
Requirements**

**RESIDENTIAL INSTRUCTIONS**

The Following Instructions **MUST** Be Completed Before Submitting Application:

1. Please press firmly when filling out your application to **insure** that **all** copies are **clear**.
2. The **Physical Alteration Permit Application** must be properly **completed** before submission. Make sure that **ALL** signature lines are **SIGNED** and **DATED**.
3. A clear sketch must be submitted on a separate sheet of paper. Please include the following on the sketch:
  - A. House Number and Pole Number
  - B. Dimensions or Distances (Frontage, Driveway Width, Etc.)
  - C. Tax Assessor's Plat and Lot Numbers
  - D. Daytime Phone Number
4. A letter **FROM** the **Building Inspector** or the **City Engineer** of the affected municipality stating that he/she has been apprised of the applicant's intention to make this change **MUST** be enclosed with the **Physical Alteration Permit Application**.
5. **Non state** residents must submit a **certified check** or **money order ONLY**.
6. FEE **\$25.00** - Mail Application With Attached **Check** or **Money Order Only** To:

Department of Transportation  
Attention: Engineering Section  
Division of Maintenance  
90 Calverley Street  
Providence, RI 02908  
(401) 222-2378

**Check or Money order only payable to: RIDOT PAP PROGRAM**

**If the above is not followed, all submitted material will be returned with no action.**